

REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH WOMEN'S CANCER SCREENING PROGRAM

STATEWIDE OUTREACH AND RECRUITMENT PROGRAM

SECTION 1: INTRODUCTION

The Rhode Island Department of Health (HEALTH), Division of Community Health & Equity, Women's Cancer Screening Program (WCSP), will award one grant to establish and implement a Statewide Outreach and Recruitment Program to provide information and motivation targeting women aged 50-64 and racial and ethnic minorities, to increase the number of low-income, un/underinsured women who enroll and receive breast and cervical cancer screening services through the WCSP.

The Scope of Work is described in Section 5 of the RFP. A total of \$131,645 is available to fund one selected agency. The initial project period is expected to begin approximately July 1, 2006 and continue through June 30, 2007. Based on performance and availability of funding, this contract may be renewed for up to four (4) additional twelve-month periods. Continuation for Year Two of the project period will be based on the Applicants successful completion of Year One project activities and evaluation; same for Year 3, 4, and 5. A ten percent (10%) verifiable match will be required by the funded agency for each year of funding.

Applicants must meet all of the requirements specified in this RFP. Only one proposal per organization will be accepted. Those organizations that are eligible to apply are public and not-for-profit community-based organizations in good standing with the Federal Government and with a proven record of service to racial and ethnic minority populations.

Representatives of organizations considering applying are strongly encouraged to attend a Technical Workshop on **April 13, 2006 at 10:00 a.m.** at the Rhode Island Department of Health, Health Policy Forum, lower level, 3 Capitol Hill, Providence, RI. This workshop will provide an overview of program guidelines and answer questions from potential applicants.

SECTION 2: BACKGROUND AND PURPOSE

The Rhode Island Department of Health, Women's Cancer Screening Program, provides free breast and cervical cancer screening and follow-up diagnostic tests for program eligible women. Treatment, if needed, is available for women that qualify for the special

treatment coverage offered through the Department of Human Services, Center for Adult Health, Medical Assistance Program. Since 1995, the WCSP has provided breast and cervical cancer screening services to approximately 17,000 women diagnosing 171 breast cancers and 21 invasive cervical cancers. The program provides screening services to approximately 3,500 women annually. Since access to treatment became available in 2001, over 700 women have been enrolled in the Medical Assistance Program (Medicaid) to cover the cost of treatment for a precancerous breast/cervical cancer condition or a diagnosis of breast/cervical cancer.

Data Source: State of Rhode Island Cancer Control Plan: Updated April 2003

The Women's Cancer Screening Program has contributed toward the increase in the percentage of Rhode Island women who are screened for breast and cervical cancer.

Breast Cancer Facts

- Among RI women, breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer death.
- In RI over the period of 1987-2000, mortality from breast cancer decreased 19%. The mortality rate in RI exceeded the US rate by about 13% in 1990. By the year 2000, the percent elevation had dropped to 5%.
- Female breast cancer incidence is lower in RI than in the US as a whole, probably due to different screening dynamics.
- In RI, black women are less likely to survive breast cancer than white women.
- Kent County bears a greater burden of female breast cancer compared with the nation as a whole.

Cervical Cancer Facts

- Cervical cancers are preventable. The annual average of 54 newly diagnosed cervical cancer cases and 17 cervical cancer deaths are largely the result of failures to screen.
- Cervical cancer mortality was slightly lower in RI than the US throughout the 1990's, but this differential decreased over the decade.
- Cervical cancer rates are higher among black women than white women.

Among Rhode Island women, breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer death. Of particular concern are the many women, especially low-income women and racial and ethnic minorities, who do not avail themselves of life-saving techniques such as regular mammograms and pap smears.

Several barriers and gaps in the health care system need to be addressed in order to implement a comprehensive, statewide screening program. The identified barriers to breast and cervical cancer screening are:

Breast Cancer Screening: Goals and Objectives

Rhode Island Cancer Control Logic Model:

Breast Cancer

- Reduce the incidence of late stage breast cancer.
 - Increase the proportion of women aged 40 and over who are screened every 1-2 years with mammography.
 - Enhance the Outreach capability of the RI Women's Cancer Screening Program.
 - Expand the capacity of community health centers to provide gynecological care.
 - Identify segments of the population of women aged 40 and over who are less likely to seek screening, and develop segment-specific social marketing campaigns to increase the likelihood that these women will seek screening.

Cervical Cancer

- Reduce the incidence of invasive cervical cancer.
 - Increase the proportion of women (from age of first sexual activity) who are screened every 1-3 years with the Pap test.
 - Enhance the outreach capability of the RI Women's Cancer Screening Program.
 - Expand the capacity of the community health centers to provide gynecological care.

Public Education and Outreach Activities can be a powerful force in the early detection of breast and cervical cancer. These efforts, using different modes of communication, should interact with the target population for the Women's Cancer Screening Program, specifically women aged 50-64 and racial and ethnic minorities. Public Education, Outreach, and Case Management activities motivate women and support their efforts to adopt behaviors such as having a clinical breast exam and a pelvic examination, obtaining Pap tests and mammograms. Education informs women of their risk for breast and cervical cancers and the importance of early detection, reduces and eliminates barriers that prevent participation in screening, and creates social and environmental support systems that encourage ongoing participation in screening. The WCSP is committed to meeting the breast and cervical cancer screening services needs of all racial and ethnic minority groups in Rhode Island and eliminating the health disparities that presently exist.

This RFP requires a single agency to plan, develop, and implement a statewide Outreach and Recruitment Program for the Rhode Island WCSP which CDC's target priority populations include women aged 50-64, women of racial and ethnic minority groups, lesbians, and women with disabilities. Outreach is personal one-on-one contact

that results in a woman presenting herself for screening and follow-up, if needed, for breast or cervical cancer. The goal of Outreach and Recruitment activities is to provide information and motivation to women in the priority populations to follow screening guidelines for breast and cervical cancer and to increase the number of low-income (250% FPL), uninsured and underinsured women, aged 50-64 who enroll in and receive breast and cervical cancer screening services through the WCSP, and to provide case management for women needing assistance through screening process.

SECTION 3: ELIGIBILITY CRITERIA

Applicants should meet the following eligibility criteria:

- Not-for-profit, community-based organizations in good standing with the Federal Government. (Submit 501c3).
- A demonstrated ability to collect, analyze, and maintain data.
- Priority will be given to applicants working in the community currently involved in breast and cervical cancer public education and outreach activities in reaching low-income racial and ethnic minority groups.

SECTION 4: ADMINISTRATION INFORMATION

Projected Timetable:

April 13, 2006	Technical Assistance Workshop 10:00 a.m. to 12:00 noon RI Department of Health, Cannon Building 3 Capitol Hill, Health Policy Forum Providence, RI 02908
April 24, 2006	Proposals due at HEALTH by 3:00 p.m.
July 1, 2006	Approximate Start Date of Contract

SUBMISSION PROCEDURES:

The deadline for submission of proposals is 3:00 p.m. on April 24, 2006. No applications will be accepted after this date and time. Proposals sent by mail are sent at your own risk. Applicants are urged to hand deliver their proposals that will be date stamped upon receipt. Faxed applications will not be accepted.

All proposals must be typed in English and single-spaced. The Proposal narrative is limited to five (5) pages (this excludes budget and appendices). Proposals will be stored

in a locked file cabinet as they are received and shall be protected from disclosure until they are opened. One original and five copies must be delivered to:

Brenda DiPaolo, Project Director
Rhode Island Department of Health
Women's Cancer Screening Program
3 Capitol Hill, Room 408
Providence, RI 02908-5097
Phone: 401-222-1161
Hearing and speech impaired, call 1-800-745-5555 or RI Relay 711

SELECTION PROCESS:

The Technical Review Committee, comprised of Rhode Island State Employees representing the RI Women's Cancer Screening Program, Office of Minority Health, Center for Public Health & Communications, and Division of Community Health and Equity will review eligible proposals. Proposals will be scored and ranked according to the attached Evaluation Score Sheet, and the overall soundness of the proposed budget and accompanying budget narrative, including the extent to which costs reflect direct services vs. administrative costs. Maximum possible score is 100 points and applications scoring below 60 points will not be considered. Those proposals ranked highest by the Review Committee may be asked to make an oral presentation or provide written clarification or revisions prior to final recommendation for award. The Rhode Island Department of Health will then award funding to the applicant that best meets the selection criteria for this RFP.

RIGHT TO AWARD, REJECT, OR NEGOTIATE:

The Rhode Island Department of Health reserves the right to:

- Award a contract with or without further discussion of the proposals submitted.
- Reject any and all proposals submitted.
- Request an oral presentation of the proposals to clarify the proposal and to ensure mutual understanding.
- Arrange an on-site visit prior to an award being made to determine the applicant's ability to meet the terms and conditions of the RFP.
- Establish a later effective date in the contract if circumstances are such that it is in Rhode Island Department of Health's best interest to delay it.

TECHNICAL ASSISTANCE WORKSHOP:

The Technical Assistance Workshop will be held **April 13, 2006 from 10:00 a.m. to 12:00 noon** at the Rhode Island Department of Health, 3 Capitol Hill (Health Policy

Forum, Lower Level), Providence, Rhode Island. Technical questions pertaining to this RFP should be directed to Brenda DiPaolo at the above address or by calling 222-1161. No other contact with State Employees regarding this RFP is allowed.

SECTION 5: SCOPE OF SERVICES

The selected vendor will develop an outreach program for the purpose of recruiting women, especially those aged 50-64 and racial and ethnic minorities to encourage them to follow screening guidelines for breast and cervical cancer and to increase the numbers of low-income, uninsured and underinsured women who enroll and received cancer screening services through the WCSP. The agency funded will hire (or utilize existing staff) and assist in training four outreach workers, each providing 33 hours per week of WCSP services, and a Project Coordinator who will provide 18 hours per week of services devoted to WCSP outreach coordination to implement and manage the program. Project staff should represent a diverse mix of African Americans, Hispanics, Southeast Asians, Native Americans, and Caucasians, in addition to breast cancer survivors and women over age 50. HEALTH reserves the right to interview staff prior to their hire and will have final approval rights if any hires are in contention. The Outreach Workers must be available to work evenings and weekends. The vendor has primary responsibility for training staff; however, staff will also be required to attend trainings sponsored by HEALTH. The Coordinator will work closely with and under the direction of HEALTH's WCSP Program Director. The Outreach and Recruitment Program will focus on utilizing small groups and one-on-one strategies.

Please indicate how you will deliver culturally and linguistically appropriate services to racial and ethnic minority populations. Racial and ethnic minority populations are identified by OMB Directive 15 as: African Americans, Native Americans, Latinos/Hispanics and Asian Americans. Please include information pertaining to the following: The projected number of racial/ethnic minority clients to be reached by the project; demonstrate the agency's access and or/proposed outreach to the population described above; and provide a description of how racial and ethnic composition of the target population will be given consideration in the selection and recruitment of administrative and service delivery staff.

The agency funded will be responsible for the following:

1. Develop and implement public education and outreach strategies for increasing the number of women age 50-64 especially women of racial and ethnic minorities enrolled in, screened, and rescreened through the RI WCSP.

2. Identify and contact community based agencies serving the target population to explain the WCSP and to obtain permission to conduct education and recruitment activities for the clients they serve.
3. Enroll a minimum of 400 women in the WCSP per year verified by the WCSP's Clinical database. Only women verified through this database will be considered in the recruitment numbers as successful screens.
4. Adhere to HEALTH's policies regarding confidentiality of patient information including written and oral communications.
5. The agency will utilize appropriate methods of outreach in order to identify racial and ethnic minority populations who are in need of health education, information, and risk reduction activities related to breast and cervical cancer screening.
6. Outreach may include the use of print and radio media, door-to-door outreach, one-on-one, group presentations, posting of materials, and other methods for reaching a group of people to inform them of services available through the WCSP and motivating women to adhere to screening recommendations.
7. Applicants are encouraged to pay particular attention to the cultural values, norms, traditions, beliefs, and life ways of community members that might affect their view on health and illness as an outreach approach is developed.
8. The agency funded must ensure that all client referrals are made with participating providers of the WCSP that are identified by the WCSP and must develop and implement a process/plan with WCSP staff for referring clients to appropriate services and case manage clients through the screening and follow-up, if needed.
9. The agency funded must designate a supervisor of the outreach workers. Problems in performance must be reported to the HEALTH's WCSP Program Director and outreach workers must be replaced if unsatisfactory performance continues.
10. All educational materials developed by the agency (flyers, etc.) must be approved by the WCSP.
11. Attend monthly scheduled meetings with WCSP staff and partnership meetings, as required, with other community based outreach efforts relating to the early detection of breast and cervical cancer screening.

12. Maintain a database and mailing list of all agencies and individuals contacted, and the outcome of those contacts.
13. Create and implement a system to track enrolled women and conduct patient satisfaction follow-up interviews.
14. Attend community activities as requested by HEALTH.

DELIVERABLES:

The funded agency will provide:

- Monthly invoices and staff time sheets in a format to be specified by HEALTH.
- Monthly log sheets of organizations contacted and outcome.
- Fax information on each client referred to the WCSP utilizing the Referral Form created by HEALTH.
- Submit monthly invoices as specified by HEALTH and quarterly reports that include: a description of activities, barriers, and problems encountered and how these issues were addressed, staff issues, and other pertinent information.
- Submit a quarterly evaluation report and a year-end summary of outreach activities evaluating the success of the project.

SECTION 6: REQUIRED COMPONENTS OF THE PROPOSAL

1. **CHECK LIST:** Submit a completed project checklist. Please use the Project Check list Form contained in the application package.
2. **COVER LETTER:** The Applicant must include a signed cover letter on official organization letterhead from an agent that is authorized to sign contracts on behalf of the applicant. Please include the agency's FEIN number.
3. **APPLICANT DESCRIPTION (2 PAGES):** The Applicant Description should provide a detailed description of the organization/agency including, but not limited to, the following information:
 - a. Type of organization, e.g. public/not-for-profit
 - b. Governing structure
 - c. Mission/vision
 - d. Prior/current activities and services related to public education and outreach activities related to breast and cervical cancer, if appropriate

- e. Track record in providing services to and reaching racial and ethnic minority populations
- f. Reasons why the applicant would be an appropriate choice for this program.

- 4. PROJECT NARRATIVE (5 pages):** The Project Narrative should constitute the majority of the proposal, describing in detail the proposed project and how it will be carried out in accordance with the application instructions. The narrative should include the project's goals and objectives with key activities. Applicants will be rated according to the feasibility and clarity of program goals and objectives, as well as the expected amount of time required to implement program services. Describe how the plan will coordinate with the objectives of Healthy Rhode Islanders 2010. Identify potential difficulties in implementing the project, and describe strategies that will be employed in overcoming barriers and difficulties.

Please include:

- List measurable goals and objectives of your proposal using the Scope of Services described in this document as a guide.
- Describe prior experience that demonstrates the agency's ability to work with the target population to provide the services described in the Scope of Work.
- Describe the project work plan and develop a timetable that specifically ties activities to objectives. The work plan must identify how the entire State will be covered and which areas of the State will be given priority.
- Outline a process and outcome evaluation plan and describe how objectives will be accomplished.

Staff proposed for the program must be capable. Resumes, job descriptions, and organizational charts for staff and Board of Director's members should be included in the appendices, with race/ethnicity identified for each. In addition, describe how the outreach worker and project coordinator will be recruited and what the recruitment time frame will be.

SECTION 7: REPORTING REQUIREMENTS

Successful applicants will be required to submit all deliverables as outlined on page 8, and submit monthly invoices by the 10th of each month following the delivery of services and accompanied by appropriate documentation to monthly reporting requirements.

SECTION 8: BUDGET AND BUDGET NARRATIVE:

The Project Budget describes in detail the expenses of the program and consists of two parts: a financial budget and a budget narrative. The Financial Budget is a listing of all project allowable expenses, (see allowable expenses in the budget format included in this proposal) and a budget narrative which is a description of each budget line item entry. The budget narrative must also include the personnel and percentage of time each staff member will devote to the project, along with their hourly wage. Please show a 10% verifiable match (required contribution) by your agency. Please submit a budget for a 12-month period that is sufficient to accomplish the project goals and is not inflated.

SECTION 9: APPENDICES TO BE ATTACHED TO PROPOSALS

1. Letters of support
2. Curriculum vitae/resumes of key personnel, if known
3. Agency's organizational chart
4. Copy of 501c3 (proof of non-profit status)

PROJECT BUDGET (YEAR 1)
12-MONTH BUDGET

<u>Allowable Expense Category</u>	<u>Amount Requested</u>
1. Personnel 4 Outreach Workers @ 33 hours/week x 52 weeks) 1 Program Coordinator @ 18 hours/week x 52 weeks)	
2. Fringe Benefits	
3. Consultants	
4. In-state Travel Reimbursement for Outreach Workers in-state travel	
5. Pagers For Outreach Workers, safety precaution for staff while in the community should agency of family needs arise (4 Beepers)	
6. Telephone	
7. Postage	
8. Other Refreshments related to community outreach activities	
9. Transportation for WCSP Clients Transportation for clients to medical appointments determined on a case-by-case basis.	

TOTAL:

NOTE: Applicant must provide a verifiable match of at least 10%.

BUDGET NARRATIVE

Please provide a detailed description and justification of each line item associated with the project's budget.

Include a description of the 10% verifiable matching contribution to be made by your agency.

CHECKLIST FOR APPLICANTS

Format:

- ☐ Proposal is single spaced, typed in English
- ☐ Original and 5 copies are attached
- ☐ Pages following cover letter are numbered. Narrative does not exceed 5 pages (excluding Appendices and Budget pages)

Content:

- ☐ Cover Letter
- ☐ Proposal Summary
- ☐ Agency Description/Proof of Non-Profit Status (501c3)
- ☐ Proposal Description
 - A. goals and objectives
 - B. prior experience
 - C. project work plan
 - D. outcome and evaluation plan
- ☐ Project Budget and Budget Narrative
- ☐ Letters of Support
- ☐ Appendices

PROPOSAL EVALUATION SCORE SHEET

Representatives of the Rhode Island Department of Health will form a Review Committee to make recommendations on proposals based on the evaluation criteria below. All reviewers shall use this form to score each proposal. The possible maximum score is 100 points. Proposals scored below 60 points will not be considered.

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0-10 points | 1. Demonstrates ability to administer project successfully as indicated in the Project Work Plan. |
| <hr/>
0-15 points | 2. Demonstrates measurable objectives and activities to meet stated goals, as well as the expected amount of time to implement program services. |
| <hr/>
0-15 points | 3. Demonstrates proven experience working with the target population to provide services outlined in the Scope of Work. |
| <hr/>
0-10 points | 4. Describes methods the agency will use to evaluate progress towards meeting the goals and objectives. |
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0-10 points | 5. Clearly demonstrates how project staff will incorporate this project into the organization. |
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0-10 points | 6. Clearly outlines a plan for organizing community gatherings such as, coffee sessions, to promote outreach and enrollment in the WCSP. |
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0-10 points | 7. Demonstrates a system that will track women enrolled in the Program, and the ability to maintain a database to survey the results of all women contacted. |
| <hr/>
0-20 points | 8. Submits a budget and budget narrative (justification) that reflect appropriate expenses, is cost-effective, and includes the extent to which costs reflect direct services versus administrative costs. |

TOTAL SCORE

COMMENTS:

**RHODE ISLAND DEPARTMENT OF HEALTH
WOMEN'S CANCER SCREENING PROGRAM
OUTREACH AND RECRUITMENT PROGRAM**

RFP REVIEW COMMITTEE

Brenda DiPaolo, Program Director
Women's Cancer Screening Program

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Division of Community Health & Equity

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